

| POSITION                  | INITIALS - | ID NO.       | DATE            |
|---------------------------|------------|--------------|-----------------|
| FEE DETERMINATION         | <i>map</i> |              | <i>10/10</i>    |
| O.I.P.E. CLASSIFIER       |            |              | <i>2/00</i>     |
| FORMALITY REVIEW          | <i>AA</i>  | <i>66390</i> | <i>10-17-00</i> |
| RESPONSE FORMALITY REVIEW |            |              |                 |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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